



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Nursing

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • www.llronline.com/POL/nursing/



Program Code: _____

Board of Nursing Certificate of Endorsement

Official Name and Address of School:

To be completed and signed by the present Dean or Director of the School of Nursing from which the applicant graduated. **The form must be mailed directly from the school to the Board of Nursing.** Certificates are not accepted from the applicant.

Name: _____
First Middle Maiden Last

Social Security Number: _____

Date of Admission to Nursing School: _____
(mm/dd/yy)

Date of Completion: _____ Date Degree/Diploma Conferred: _____
(mm/dd/yy) (mm/dd/yy)

.....
RN _____ LPN _____

I CERTIFY that records in the Registrar's Office and/or School of Nursing indicate that:

Candidate's Full Legal Name

has satisfactorily completed all requirements of the nursing education program and for graduation from the educational

institution to hold a DEGREE: _____ or DIPLOMA: _____
(Specify type of degree)

of this school DATED _____.

Date: _____ Signature: _____
(mm/dd/yy) (Nurse Administrator Nursing Education Program)*

Title: _____

(SCHOOL SEAL)

If not available, please attach notarized copy of signature

***REGISTRAR'S SIGNATURE IS NOT ACCEPTABLE**

Note: This form may not be altered and corrections/ modifications are not acceptable.